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## **COVER LETTER**

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Tallahassee, FL 32314

TO:

eup uz	SCOTTY'S	FLOORING & TILES DESIG	N, LLC	
SUBJEC	1:	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	osed Articles of .	Name of Person at ()  Name of Person Area Code Daytime Telephone Number  check for the following amount:		
Please re	turn all correspo	ndence concerning this matter	to the following:	
		SCOTT GIMBERT		
			Name of Person	
		SCOTT'S FLOORING & T	TILE, LLC	
			Firm/Company	
		SCOTT'S FLOORING & TILE, LLC  Firm/Company  7286 ORKNEY AVENUE, N  Address  ST PETERSBURG FL 33709		
			Firm/Company  6 ORKNEY AVENUE, N  Address  PETERSBURG FL 33709  City/State and Zip Code	
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For furth	er information c	oncerning this matter, please co	ill:	
DAVID	M SNYDER			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres		Street Address:	
		riticles of Amendment and fee(s) are submitted for filing.  It correspondence concerning this matter to the following:    SCOTT GIMBERT		
	P O Boy 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SCOTTY'S FLOORING & TILES DESIGN, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/28/2020}{1}$ and assigned Florida document number L20000305455 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SCOTTY'S FLOORING & TILE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SCOTT GIMBERT Name of New Registered Agent: 7286 ORKNEY AVE N New Registered Office Address: Enter Florida street address \_, Florida 33709 Zip Code ST PETERSBURG

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the d	date of filing:		(optional)	
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